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ABSTRACT

Those interested in promoting quality caregiving for infants and toddlers should consider several key issues. These issues concern the content of procedures and rules of the caregiving facility, staff selection procedures, the role of the environment in promoting quality care, optimal curriculum for staff training, the adequacy of group care for language development and secure early attachment, parent involvement, and prevention of staff burnout. Questions raised by these issues require answers based on theoretical and research knowledge as well as clinical skills related to human relationships and interactions. Decisions made concerning these issues will affect the quality of caregiving (RH)

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What are the Issues in Quality Infant-Toddler Care?

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What factors do we need to be thinking about if we are interested in promoting quality caregiving for infants and toddlers? Eight key issues (at least!) need to be addressed. Questions raised by these issues require us to marshal our theoretical and research knowledge as well as our clinical skills with respect to human relationships and interactions. Decisions relating to each issue will influence deeply the quality of caregiving that becomes possible.

1. What should be the procedures and rules of the caregiving facility?

The morale of caregivers may well depend on the climate of working together that is fostered by wise and workable rules. Safety, health and nutrition standards of the facility should be set to ensure the best possible physical and emotional growth environment for young children. Responsibilities and rights of staff should be well-known to all. They may not be changed arbitrarily except through democratic, coordinated discussions. Policy regulations that are clear and reasonable also need built-in safeguards against abuse of power, whether by boards of directors, staff, parents, or community pressure groups. This means that grievance procedures should be fair and well-defined. Within this climate of work conditions, life for little ones should have a chance to flourish, since the adults can turn their energies and caregiving ingenuities to the tasks of nurturing and teaching.

2. Are there failure-proof staff selection procedures?

Staff selection procedures need to be consistent with the ultimate goal of enhancing children's welfare. Loving, competent, energetic, creative and dedicated adults are required to nurture young children. Since quality caregivers

are such special people, hiring should be provisional initially. There will then be ample opportunity to assess how well "on-paper" qualifications, job expectancies, and actual job performance fit together.

Interviews and role playing techniques have been found effective for initial screening of job applicants (Honig, 1979; Lally, Honig & Caldwell, 1973). Values and beliefs of caregivers often play a more important role in actualizing their behaviors than do some of the ideas and principles learned in class. Evaluations will therefore need to be made both in the middle of and at the end of the probationary period in order to ensure that newly-hired caregivers continue to learn and to grow more effective in implementing the goals and philosophy of the caregiving facility. Particular attention should be paid to caregiver attentiveness to infant signals and the subsequent responsiveness to infant needs. Caregivers who learn from their babies can more accurately plan for and meet the needs of their babies.

3. What role does the environment play in promoting quality care?

Ecology of the caregiving setting plays a major role in creating a safe, interesting, growth-enhancing environment for infants. Provision of appropriate learning materials, appropriate placement of activity areas, as well as attention to routine conveniences (such as comfortable closeness of water supply to diaper changing areas) - all need to be taken into consideration.

Another aspect of the ecology of the caregiving environment has to do with the promotion of aesthetic and harmonious satisfactions of caregivers and children. A depressive atmosphere can be created by drab walls, lack of brightly colored pictures, cluttered toy parts scattered everywhere, lack of mirrors or of interesting, textured wall hangings for babies to pat or explore.

Adults need a physical environment in which they feel personal pleasure and from which they draw sustenance and energy, so that in turn they can radiate smiles, songs, cheerful talk and happy games. Aesthetically pleasing environments

boost feelings of well-being for children as well as adults.

Intellectual development, according to Piaget (1952) occurs as individuals "construct reality" through interactions with persons and materials. The environment that can maximize intellectual development must provide sufficiently varied materials at levels appropriate to the developmental stages of the babies served. Such explorations within a safe environment will encourage the growth of cognitive understanding about how the physical and social worlds work.

4. Is there an ideal curriculum for staff training?

Ongoing staff training is an essential guarantor of increasingly high quality caregiving (Honig & Lally, 1981). As long as staff and public thinks that just any person can care perceptively and responsively and teach creatively then infant caregivers will have to struggle with a low image of their profession. Staff training provision on a regular basis serves notice that infant caregivers are professionals! Their skills require constant learning and updating as do those of any other more monetarily prestigious profession such as medicine.

Staff training needs emphasis in two directions. First, information about the growth and development of infants and toddlers is a basic necessity. Topics that will need to be covered include the learning tasks and gains of the sensorimotor and early preoperational period and how to foster early prosocial behaviors. What are the dimensions of the nuclear conflicts that Erikson's (1963) theory discusses? Caregivers will need workshops on ways to ensure a positive balance in the development of basic trust, autonomy and initiative.

The second focus of training is communication skills. How can caregivers communicate better with children? with parents? among themselves? Training in communication skills permits adults to reflect and acknowledge more accurately in their interactions the feelings and wishes of tiny children whose main communication

modes are non-verbal. Communication skill training permits adults more effectively to validate the good selves and personhood of very young children (Honig, 1981).

5. Can language learning be adequately enhanced in group care?

One of the most disturbing findings in recent day care center research has been that there are far fewer intellectually important conversations, questions, and less lengthy sharing of ideas between adult and child in group care than at home (Tizard, 1981). Does group care mean intrinsically that language transactions with young children must of necessity be fewer, briefer and of less cognitively nourishing quality? Helping young children understand meanings and be able to give reasons and express their wishes, observations and wonderings is a priceless gift of caring adults. Turning tots onto the wonderful world of books before they can creep can give them an early boost to a lifelong love of books.

6. In group care can adults sufficiently meet the needs of babies for body loving and contact comfort?

Adult cuddling is vital for infants. The loving adult who is generous with holding and snuggling provides a tangible sense that the world is a safe and caring place. From the secure base of an affectionate adult's body, a baby feels safe to venture forth to explore new toys, spaces, and people. Recent longitudinal research has documented the importance of early secure attachment (where bodily comforting is sought and well-accepted by babies) for the later development of superior persistence and competence in solving tool-using and other problems (Sroufe, 1979). Yet the care of many babies may make the provision of such bodily nurturance difficult to accomplish for the busy caregiver. The creative challenge to caregivers is to find ways to combine their nurturing, teaching, and routine-task roles comfortably.

7. How can parent involvement be made a reality within programs?

Most of the evidence from long-term intervention research with infants and toddlers points to the crucial importance of involving parents as partners with caregivers in providing for what Caldwell has called the "optimal learning environment" (1967). Parents are the baby's first and most important teachers. Yet, they may need support in learning developmentally positive ways in which to interact and to enhance the learning careers of their babies. At issue, then, is how a group care facility (that may be struggling with financial and logistic restrictions) can find ways to enhance the coordination of family and staff efforts to provide for optimal development.

8. How can staff burnout be prevented?

A serious issue for the continued provision of quality care is the long-term wear and tear on caregivers. Morale problems can arise in many settings where daily stresses weigh on personnel. The provision of an adequate support system for day care personnel is crucial to the whole issue of delivery of quality caregiving. Four aspects of support are important. First, human supports are critical. Supervisor availability for problem solving and supervisor positive feedback to workers are important ingredients to maintain staff morale. Second, material resources are necessary. These include, for example, child development reading materials, a caregiver lounge, and stage-appropriate toys and books for babies to permit caregivers to carry out a varied program.

Third, time is a precious commodity for caregivers. Coffee break time is important; time is also needed to plan for activities; time is needed to think about the individual needs of each infant in one's care and to assess the process of caregiving as it is affecting each child. Scheduling case conferences can permit caregivers to share ideas about children whose development may be worrying staff.

Such sharing time may produce innovative and practical suggestions on ways to engage a non-participating tot in play with materials, or in trying new foods or in listening to stories.

Finally, support for infant/toddler caregivers also means political activity on behalf of the profession. The necessary physical, fiscal and psychological resources to support the profession of infant/toddler caregiving will come. But they will come only when informed, concerned citizens become convinced of the vital importance of quality caregiving in the lives of the littlest ones in alternate care settings as well as in the home.

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